

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/031000**

FILING DATE **10 JAN 2002**

APPLICANT(S) **Tsukakura**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53		/				
4							54		/				
5							55		/				
6							56		/				
7							57		/				
8							58		/				
9							59	/					
10							60		/				
11							61		/				
12							62		/				
13							63		/				
14							64		/				
15							65		/				
16							66		/				
17							67		/				
18							68		/				
19							69		/				
20							70		/				
21							71		/				
22							72		/				
23							73		/				
24							74		/				
25							75		/				
26							76		/				
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35			/				85						
36			/				86						
37			/				87						
38			/				88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49			/				99						
50			/	/			100						
TOTAL IND.			5				TOTAL IND.	1					
TOTAL DEP.			11				TOTAL DEP.	25					
TOTAL CLAIMS			16				TOTAL CLAIMS	26					